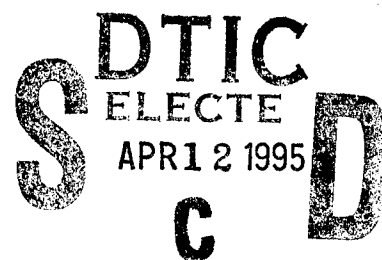
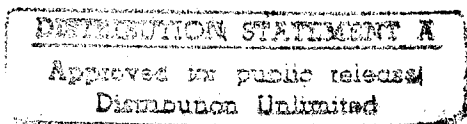


U. S. ARMY-BAYLOR UNIVERSITY GRADUATE PROGRAM
IN HEALTH CARE ADMINISTRATION



AN ASSESSMENT OF THE ORGANIZATIONAL CULTURE OF
TRIPLER ARMY MEDICAL CENTER
AND ITS IMPACT ON
IMPLEMENTING TOTAL QUALITY MANAGEMENT

GRADUATE MANAGEMENT PROJECT
SUBMITTED TO THE FACULTY OF BAYLOR UNIVERSITY
IN PARTIAL FULFILLMENT OF THE DEGREE OF
MASTER OF HEALTH ADMINISTRATION



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BY
MAJOR FRANK C. FLORO

TRIPLER ARMY MEDICAL CENTER, HAWAII

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Implementation of Total Quality Management (TQM) is a major challenge facing health care organizations in the United States today. Understanding the organization's culture or climate is an essential element in initiating any successful quality process. Cultural audits evaluate the current state of an organization, assessing a multitude of factors and can lead to fact-based, positive recommendations for improvement. The purpose of this research project was two-fold: identify the current cultural profile of Tripler Army Medical Center staff members to establish a baseline on the existing culture, and determine if any cultural differentiation exists among occupational categories. A quantitative and analytical methodology was used in evaluating the corporate culture. The data collecting instrument was a modified Litwin and Stringer Organization Climate Questionnaire which was distributed to a stratified random sample. Statistical analysis included both description and inferential methodologies. Tripler had a relatively positive cultural profile on seven of the ten construct variables. There was tremendous consensus between occupational categories on all variables. The lack of variation between groups indicates the climate described is strongly representative of the entire population. Benchmarking the current cultural blueprint against the desired cultural qualities is the basis for improvement programs.

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ABSTRACT

Implementation of Total Quality Management (TQM) is a major challenge facing health care organizations in the United States today. Understanding the organization's culture or climate is an essential element in imitating any successful quality process. Cultural audits evaluate the current state of an organization, assess a multitude of factors and can lead to fact-based, positive recommendations for improvement.

The purpose of this research project was two-fold: identify the current cultural profile of Tripler Army Medical Center staff members to establish a baseline on the existing culture, and determine if any cultural differentiation exists among occupational categories.

A quantitative and analytical methodology was used in evaluating the corporate culture. The data collecting instrument was a modified Litwin and Stringer Organization Climate Questionnaire which was distributed to a stratified random sample. Statistical analysis included both descriptive and inferential methodologies.

Tripler had a relatively positive cultural profile on seven of the ten construct variables. There was tremendous consensus between occupational categories on all variables. The lack of

variation between groups indicates the climate described is strongly representative of the entire population.

Benchmarking the current cultural blueprint against the desired cultural qualities is the basis for improvement programs.

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CHAPTER I

INTRODUCTION

Adopting the management philosophy and the tools of Total Quality Management (TQM) is a major challenge facing health care organizations in the United States today. The TQM journey is one that hospitals both desire and are required to begin, in as much as TQM is now a part of the revised standards of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). These standards, as a part of its agenda for change, require hospitals to adopt TQM, continuous quality improvement, or a similar approach to improve performance (Ente 1989). For health care organizations, TQM holds the promise of improving clinical quality while simultaneously reducing the costs resulting from poor quality (McCabe 1992).

The TQM ideology was mandated to the Department of Defense (DOD) in 1988 by Executive Order and subsequently adopted by the Department of the Army (Reagan 1988). Army Regulation 5-1, dated 12 June 1992, prescribes Total Army Quality (TAQ) as the central management philosophy of the Army. Health Services Command, a subordinate major command of the Army, has duly accepted the TQM process. Following

suit, TQM is being incorporated into the way of life at Tripler Army Medical Center (Tripler), Hawaii.

Acceptance of TQM by the leadership of an organization is only an initial hurdle. Once management commits to this ideology, the leadership must establish the conditions for the process to grow and flourish (Caroselli 1992). The senior leadership in the organization must plan for and effect this significant change in management philosophy. Prior to effecting the change, the culture of the organization must be assessed, evaluated and understood. The likelihood of the culture altering the development of and causing resistance to significant change, such as the implementation of a new and different management philosophy, becomes clearer when an extensive view of the embedded culture in an organization is examined (Johnson 1992).

Description of the Organization

Tripler Army Medical Center is a 421-bed acute and tertiary care facility. Tripler is the only federal hospital in Hawaii, and supports active duty and non-active duty beneficiary populations from all branches of the United States Armed Forces, including veterans. This population is estimated to be 279,000.

Tripler also has a referral population of near 447,000, comprised of United States Pacific Command military and family members, Department of Veterans Affairs

beneficiaries, and qualified Pacific Island Trust Territory beneficiaries. This large beneficiary population results in over 3,000 outpatient clinic visits per day and nearly 2,000 inpatient dispositions per month.

In addition to its direct medical care mission, Tripler maintains an extensive graduate medical education mission which includes physician internship training, 11 residency and 4 fellowship programs, 5 non-physician health care graduate programs and 2 nursing training programs. Concurrently, Tripler operates as the Headquarters for one of the seven Health Service Support Areas for the Army Medical Command and is the Lead Agent for one of the twelve Department of Defense medical regions.

To support the medical, training and readiness missions, Tripler has approximately 2900 employees assigned; about 1800 military and 1100 civilian personnel. The staff includes over 400 physicians and 430 Registered Nurses. The annual operating budget is approximately \$99.4 million less military pay and base operations costs (Lowe 1993).

TQM Background at Tripler

TQM was formally adopted as the management philosophy at Tripler in 1991. Berry (1991) outlined an implementation plan that has been the basic guiding document for the hospital. The Commanding General and the senior leadership are personally committed to and fully support the TQM

process. Such a commitment forms the cornerstone of any successful quality process (Jablonski 1992). A Quality Improvement Council (QIC) has been established and serves as the executive steering agent for the organization.

Although Tripler does not have a comprehensive strategic plan that incorporates the implementation of TQM at Tripler, many critical steps have been taken. The QIC has maintained direct control over the implementation process.

1. The QIC in conjunction with over 400 members of the facility, has developed, refined and issued a mission and vision statement.

2. A customer satisfaction assessment was conducted, and quality issues for improvement were identified.

3. Over 20 facilitators have been trained and several process action teams have been initiated.

4. A full-time Quality Coordinator has been hired to direct the TQM efforts at Tripler.

5. A weekly TQM professional reading group has been formed.

This strong commitment and dedication to quality has enabled the hospital to make these strides towards full implementation. Eventhough great progress has been made over the past 2 years, the organization remains in its TQM infancy.

Conditions that Prompted the Study

As Tripler continues its quality journey, an assessment of the organizational climate must be accomplished if full implementation is to occur. Several TQM authors strongly suggest that a cultural assessment be made to determine the organizational climate and that it be done prior to developing the corporate strategic plan (Berry 1991 and Jablonski 1992). Furthermore, understanding of an organization's culture or climate is an essential element of any successful quality process. Organizations overlooking this step typically regret it as they strive to understand the behavioral changes occurring due to the introduction of this new process (Jablonski 1992).

The QIC had been researching the literature to find an appropriate instrument to assess the organizational culture. As an instrumental member of the QIC, I actively participated in the selection and spearheaded the effort to administer the survey. In conjunction with my preceptor, Colonel Thomas M. Driskill, Jr., we determined that this would be a project not only of great value to the organization but could also fulfill the requirements of the Graduate Management Project.

Statement of the Management Question

Tripler is at the point when it is necessary to understand the existing organizational culture before proceeding successfully in its implementation of TQM. To date, no assessment has been introduced to address this concern. The literature strongly suggests that without the knowledge gained from this assessment, organizations tend to experience difficulty in initiating TQM.

Literature Review

Recently, there has been a tremendous focus in the business community on finding solutions to performance and management problems. This has contributed to the extensive amount of literature focusing on total quality management and organizational culture. I intend to review both topics to add validity and purpose to this management project as well as demonstrate relevance and support.

Health care researchers and practitioners agree that hospitals and other health care institutions are facing financial constraints that call for increased levels of efficiency and effectiveness (McLaughlin and Kaluzny 1990; and Berwick 1989). Emphasis on cost containment, quality and appropriateness of care by consumers, third party payers, and regulators is creating an atmosphere demanding reform (Thompson 1993; and Counte et al 1992).

Total Quality Management

One of the most promising managerial innovations introduced within the health care industry is TQM (Thompson 1993; Johnson 1992; and McLaughlin and Kaluzny 1990). Originally developed in the United States, and subsequently implemented in Japan, this methodology of quality improvement offers considerable assistance to health services managers who are faced with simultaneously increasing efficiency and effectiveness (Thompson 1993;

Counte et al 1992; Binder et al 1992). Therefore, the potential value of TQM to health care organizations is substantial.

While many complex definitions for TQM exist, Jablonski (1992) offers a simple definition: TQM is "a cooperative form of doing business that relies on the talents of both labor and management to continually improve quality and productivity using teams." Inherent in this definition are three basic elements that are necessary for TQM to flourish: participative management, continuous process improvement, and the use of teams.

TQM involves several basic principles. It is a customer focused, process oriented, fact supported, cross-discipline team approach management philosophy that relies on prevention versus inspection, valuing feedback from both internal and external sources (Jablonski 1992). This interpretation is well supported by the writings of the quality gurus.

W. Edward Deming, Joseph M. Juran, and Philip B. Crosby are generally recognized as the authorities and leaders in the quality movement, the quality gurus. Rather than discuss each ideology individually, I will provide a comparison of philosophies.

The similarities between these management philosophies were revealed in a study by Lowe and Mazzeo (1986). All three authors stress that top management commitment is a key

component of a successful quality improvement effort. They also agree that continuous quality improvement must be ingrained in the culture of an organization. Maintaining a customer focus or orientation is emphasized by each of these authorities. Additionally, it was noted that management is required to train and retrain employees to improve the system.

These quality leaders differ in several areas as well, with one significant difference being at what level within an organization the process should be focused. Deming's approach is considered to be a bottom-up process based on his emphasis on statistical tools. Crosby's methodology is viewed as top-down because his first priority is to change the management culture. Juran focuses on middle management emphasizing a project-by-project approach to quality improvement (Lowe and Mazzeo 1986).

Other differences involve training and quality measurement recommendations. Deming is noted for his focus on statistical techniques and strong opposition to using the cost of quality as a measurement tool. He feels the cost of quality cannot be accurately measured because many of the costs are immeasurable and unknown. These costs would include items such as the value of losing customers to a competitor (Sahney and Warden 1991).

TQM Implementation

Both Deming and Crosby have 14 points that are critical for success in their implementation plans (Deming 1986; Crosby 1984).

Deming's 14 Obligations of Top Management

1. Create constancy of purpose for improvement of product and service.
2. Adopt the new philosophy.
3. Cease dependence on mass inspection.
4. End the practice of awarding business on price tag alone.
5. Improve constantly and forever the system of production and service.
6. Institute training.
7. Institute leadership.
8. Drive out fear.
9. Break down the barriers between staff areas.
10. Eliminate slogans, exhortations, targets for the workforce.
11. Eliminate numerical quotas.
12. Remove barriers to pride in workmanship.
13. Institute a vigorous program of education and retraining.
14. Take action to accomplish the transformation.

Crosby's 14 Steps to Quality Improvement

1. Make it clear that management is committed to quality.
2. Form quality improvement teams with representative from each department.
3. Determine how to measure where current and potential quality problems lie.
4. Evaluate the cost of quality and explain its use as a management tool.
5. Raise the quality awareness and personal concern of all employees.
6. Take formal steps to correct problems identified through previous steps.
7. Establish a committee for the zero defects program.
8. Train all employees to actively carry out their part of the quality improvement program.
9. Hold a "zero defects day" to let all employees realize that there has been a change.
10. Encourage individuals to establish improvement goals for themselves and their groups.
11. Encourage employees to communicate to management the obstacles they face in attaining their improvement goals.
12. Recognize and appreciate those who participate.
13. Establish quality councils to communicate on a regular basis.
14. Do it all over again to emphasis that the quality

improvement program never ends.

Berry (1991) has taken another approach developing a model for the total quality process. His philosophy is centered on realizing improvement is needed. Once the need is recognized, structuring the organization for quality improvement is necessary. This consists of establishing a quality council and obtaining senior leadership commitment to the quality effort. The customer feedback channel is initiated next, and is an ongoing and continuous process throughout the quality effort. The next major step is identifying and establishing the cultural blueprint. From this information, you can develop the quality process, plan for quality, train for quality, monitor and measure, and recognize and celebrate the successes (Berry 1991).

All of these philosophies stress commitment from top management, education of employees, and training followed by retraining. The concepts of each are sound managerial advice. A TQM implementation plan should integrate the best features from all ideologies. By incorporating steps from several of these authorities, the implementation plan can be tailored to fit the needs, culture, and philosophy of an organization (Lowe and Mazzeo 1986; Jablonski 1992).

Crosby (1984) stated that "quality is free," but Jablonski (1992) improved that axiom in his statement, "that quality is better than free, you can make money on it, but there is a cash flow problem." The costs are upfront, in

time and in training, and can seem high. But like a student, the rewards of that investment come in the future, and not necessarily in the immediate future (Jablonski 1992). The rewards for implementing TQM are reduced costs, increased customer retention, improved employee pride in workmanship and increased market share.

TQM in Health Care

McLaughlin and Kaluzny (1990) state that TQM is a conceptual approach different from quality assurance (QA) that counters many of the underlying assumptions of professional bureaucracies. It calls for "continuous and relentless" improvement in the total process of providing care, not simply improving the actions of individual professionals. Management will do less decision-making and more orchestrating of the independent actions by various project-oriented teams. Therefore, employees must be empowered to analyze and solve problems. Reward systems must be modified to reward both performance and process development. Successful incorporation of these facets into an organization require a systematic change by redefining the corporate culture (McLaughlin and Kaluzny 1990).

Furthermore, these authors outline what the leadership of health care organizations must learn in order to implement TQM successfully. First, management must learn the meaning of quality and gain an appreciation of the

importance of the multiple customers in the health care process. Top management must sponsor and fully support the quality movement, as well as prepare the organization for change. Management must learn the meaning of statistical analysis; how to speak with data and manage with facts. This requires accepting the assumption that most problems in the health care environment are not the result of errors by administrative or clinical professionals, but the inability of the existing structure, in which all personnel function, to allow adequate performance (McLaughlin and Kaluzny 1990).

An obvious conflict is between the relentless inquiry associated with TQM and the established norms of professional autonomy. This is not just a conflict between administrators and clinicians. TQM is a challenge to the way all professionals view quality, evaluate themselves, and gain and protect their domains and autonomy. Continuous improvement does not respect existing professional standards, but continually demands new ones (McLaughlin and Kaluzny 1990).

Organizational Culture

Every organization has its own unique culture, and within the organization each work group has a further refined subculture that may be very different from the corporate norm. Understanding the organizational culture offers a key to effective management intervention involving

work group practices and values (Sovie 1993). Becoming cognizant of the intricacies of the organizational culture can assist the leadership in decision-making, hiring personnel, orienting newcomers, facilitating organizational change, and developing training plans (Coeling and Wilcox 1988).

What is culture? Unfortunately there is not one universally accepted definition. Sathe (1983) found 164 definitions in his research on the topic. In an organizational context, culture can be defined as "the combination of symbols, language, assumptions, and behaviors that overtly manifest an organization's norms and values. It is the taken-for-granted and shared meanings people assign to their social surroundings that can have a profound effect on an organization's decision making and performance" (Curran and Miller 1990). Sovie (1993) interpreted organizational culture as "a pattern of shared values, beliefs, and feelings that direct the perception of and the approach to the work that is to be done and affect how it is to be done."

Culture has a powerful influence on organizational behavior because of shared beliefs and values. Beliefs are defined as the basic assumptions concerning the world and how it works. Values are also basic assumptions, but ones with an "ought to" implicit in them; they represent preferences for more ultimate end states (Sathe 1983).

Beliefs and values can be held for such a long time without being challenged or violated that people begin to take them for granted and become unaware of them. This is one reason why employees fail to realize what a strong influence organizational culture has on them (Sathe 1983).

Not all cultures have an equally strong influence on behavior. Cultures with more widely shared beliefs and values have a greater impact on behavior due to the increase in assumptions guiding behavior. IBM has a robust culture bolstered by having several deeply held beliefs and values. Weak cultures have few shared assumptions, and therefore less influence on the behaviors of the workers. Additionally, cultures whose beliefs and values are more widely shared have a more pervasive impact due to a larger number of people guided by them. Some cultures have well-known beliefs and values that are more clearly ordered in terms of relative importance. These cultures have a more profound effect on behavior because there is less ambiguity when there is a conflict (Sathe 1983).

After examining what culture is, knowing what elements shape culture in an organization is important. The literature lacks consensus in this area. Shortell et. al. (1990) formulated a model for the health care environment composed of the following elements:

1. leadership- the capacity of individuals to influence others towards the accomplishment of organizationally

oriented goals.

2. communication- including the dimensions of openness, accuracy, timeliness, understanding and satisfaction.

3. coordination- the degree to which work activities are coordinated within and between groups.

4. problem solving/conflict management- comprised of the dimensions of open and collaborative, arbitratative approach, avoidance and forcing.

5. unit cohesiveness- the degree in which people identify with the work unit.

6. unit effectiveness- including perceptions of the absolute quality of care provided; judgement of the ability to meet the family member needs; and the use of data to exam personnel turnover.

Cooke and Lafferty (1989) developed a model that would measure behavioral norms and expectations associated with shared values. Their organizational cultural inventory model was comprised of 12 corresponding scales used to profile the group's assessment of the culture. These scales consisted of the following elements:

1. achievement- organizations that do things well and value members who set and achieve their own goals.

2. self-actualizing- organizations that value creativity, quality over quantity, and both task accomplishment and individual growth.

3. humanistic-encouraging- organizations that are

managed in a participative and person-centered way.

4. affiliation- organizations that place high priority on constructive interpersonal relationships.

5. approval- organizations in which conflict is avoided and interpersonal relationships are pleasant.

6. conventional- organizations that are conservative, traditional, and bureaucratically controlled.

7. dependent- organizations that are hierarchically controlled and non-participatory.

8. avoidance- organizations that fail to reward success but nevertheless punish mistakes.

9. oppositional- organizations in which confrontation prevails and negativism is rewarded.

10. power- non-participative organizations structured on the basis of the authority inherent in members' positions.

11. competitive- winning is valued and members are rewarded for outperforming one another.

12. perfectionist- organizations in which perfectionism, persistence and hard work are valued.

Though these elements have been used primarily to reflect the thinking and behavioral tendencies of individuals, both qualitative and quantitative evidence suggests that they also reflect the direction or content of certain organizational norms and expectations (Cooke and Rousseau 1988). This tool has been widely used throughout

the business community to assess corporate culture because of its high reliability and validity (Thomas et al 1990; Jablonski 1992; Cooke and Rousseau 1988; Rousseau 1990).

Another widely used instrument used to assess corporate culture is the Litwin and Stringer Questionnaire (Muchinsky 1976). The instrument incorporates 9 scales to measure culture to include: structure, responsibility, reward, risk, warmth, support, standards, conflict, and identity. These scales are discussed in more detail in the methodology portion of this paper. These scales are consistent with scales used in other instruments found in the literature. The Litwin and Stringer Questionnaire has been used extensively (Muchinsky 1976; and Counte et al 1992).

Organizational Cultural Assessment

Organizational culture audits evaluate the current state of an organization, assessing a multitude of factors and can lead to fact-based, positive recommendations for improvement. The organizational cultural assessment can account for a variety of factors by measuring and quantifying these variables that many believe to be unmeasurable. Personal values and beliefs, the components of culture, represent a few of these.

Fundamentally, the people of an organization apply the tools and concepts of quality to meet the expectations of their customers. Therefore, an assessment of the internal

human relations environment is vital to determine how ready the employees are to accept significant change in the organization's management philosophy (Berry 1991).

The reasons for conducting such an assessment before implementing TQM are to gauge the strengths and weaknesses of an organization's climate, and to establish a baseline of where the culture is so progress can be measured in reaching the desired culture (Furnas 1990). An assessment of the culture will assist in determining where changes in programs, policies, and management behavior are needed to support a TQM process. Management must possess an accurate view of the climate and culture to prevent building TQM on a weak foundation. If employees have a poor attitude towards management, then implementing TQM without active and enthusiastic participation will be difficult.

Identifying the culture of an organization is the first step towards effecting successful change. If a manager does not understand the company's culture, then new initiatives are bound for failure (Eubanks 1991). Berry (1991) states that, "ignoring this essential stage-setting step of conducting a climate and cultural assessment survey would be foolhardy and shortsighted."

Jablonski (1992) states that an organization's culture can be evaluated through a variety of means. Several of these techniques are personal interviews with employees, a walk through the organization, a review of employee

performance, and the administration of surveys. These methodologies can be used separately or in a combination.

A TQM approach may not achieve its true potential or even provide minimal success if an organization fails to assess its corporate culture and improve the core values of the employees and management (Saraph and Sebastian 1993). Research implies that management not technology is the key to quality improvement. An organization can only begin and sustain a true quality improvement effort when it has addressed its value system that promotes quality (Covey 1992). Additionally, quality experts such as Deming, Juran and Crosby, emphasize the importance of building a quality culture as a prerequisite to major quality improvement efforts. Therefore, the development of a desirable quality culture is essential (Saraph and Sebastian 1993).

Schein's (1985) main point regarding culture formation is that cultural aspects are deep-rooted, and lasting cultural changes occur through integrating changes in the organizational system. Forming the desired quality culture requires a well-developed organizational plan with quality-focused mission and goals, consistent formal and informal structures, fair reward systems, appropriate technology and job design, and attention to important personnel issues. But before a major change is sought, an understanding of the existing culture must be gained.

Purpose Statement

The purpose of this study is to determine the organizational culture by assessing the employees' attitudes at Tripler during implementation of a philosophical management change to TQM. The study will identify the basic consensus among the staff members and determine if differences exist between occupational categories within the organization with regards to culture. The following additional objectives are established for the study:

1. Provide a baseline on the quality culture to direct educational programs and future assessments.
2. Identify the organization's attributes which will enhance implementation of TQM.
3. Identify disconnects between the organization's existing culture and desired culture that will hinder the TQM implementation plan.
4. Report these findings to the hospital leadership.
5. Recommend effective strategies to optimize the organization's strengths and address areas of concern necessary to support the TQM process.

CHAPTER II

METHODS AND PROCEDURES

A quantitative and analytical methodology was used to evaluate the corporate culture of Tripler. The primary instrument in collecting data for this research was a modified Litwin and Stringer Organization Climate Questionnaire (Muchinsky 1976). The survey enabled the researcher to collect data from the hospital's staff members regarding what is expected within this organization and whether there is consistency within the organization in members' perceptions of organizational norms and expectations.

Research Plan

The study was briefed to the Commanding General and the Chief of Staff of Tripler Army Medical Center. They unanimously agreed on the need and utility of the study. Given their acceptance of the proposal and the approval of the Baylor faculty, the survey instrument was reproduced and prepared for distribution. A copy of the survey is located at Appendix 1. A cover letter, signed by the Commanding General, accompanied each survey. This cover letter can be found at Appendix 2. Prior to distributing the survey, a

message was transmitted by the Composite Health Care System (CHCS) electronic mail alerting the majority of the population that a staff cultural assessment survey was being sponsored by the Commanding General. Surveys were then delivered to randomly selected individuals through the hospital distribution system. After approximately 3 weeks, a follow-up letter was sent to each individual not yet responding to the initial survey. The follow-up letter can be found at Appendix 3. Once the requisite number of surveys returned was exceeded, the data was coded and analyzed.

Survey Instrument

The original survey, designed in 1968 by Litwin and Stringer, consisted of 50 statements about an organization. The survey instrument required respondents to reply to each item as it applies to their organization using a four-point Likert scale format: definitely agree, inclined to agree, inclined to disagree, or definitely disagree (Litwin and Stringer 1968).

Litwin and Stringer's (1968) questionnaire consists of 9 separate a priori scales which are:

1. Structure (8 items): the feeling that employees have about the constraints in the group, how many rules, regulations, procedures there are; is there an emphasis on "red tape" and going through channels, or is there a loose and informal atmosphere.
2. Responsibility (7 items): the feeling of being

your own boss; not having to double-check all your decisions; when you have a job to do, knowing that is your job.

3. Reward (6 items): the feeling of being rewarded for a job well done; emphasizing positive rewards rather than punishments, the perceived fairness of the pay and promotion policies.

4. Risk (5 items): the sense of riskiness and challenge on the job and in the organization; is there an emphasis on taking calculated risks, or is playing it safe the best way to operate.

5. Warmth (5 items): the feeling of general good fellowship that prevails in the work group atmosphere; the emphasis on being well-liked; the prevalence of friendly and informal social groups.

6. Support (5 items): the perceived helpfulness of the managers and other employees in the group; emphasis on mutual support from above and below.

7. Standards (6 items): the perceived importance of implicit and explicit goals and performance standards; the emphasis on doing a good job; the challenge represented in personal and group goals.

8. Conflict (4 items): the feeling that managers and other workers want to hear different opinions; the emphasis placed on getting problems out in the open, rather than smoothing them over or ignoring them.

9. Identity (4 items): the feeling that you belong to a company and you are a valuable member of a working team; the importance placed on this kind of spirit.

Based on their own research, Litwin and Stringer (1968) concluded that seven of the nine scales showed good internal consistency. They also found some problem of overlap among the scales with high positive scale intercorrelations. The Conflict scale was determined not to be a good measure as defined above and the authors recommended that it should only be used to measure the presence of conflict within an

organization.

Sims and LaFollette (Muchinsky 1976) conducted a study at a medical center employing this survey instrument. They found that the factors derived from this original questionnaire appear to be "meaningful and reliable," with the implication or suggestion that it would not be misleading to use the factors they identified as climate scales in future research (Muchinsky 1976). However, the intent of this project was not to evaluate the survey instrument, but to evaluate the practical implications that the data provides.

The survey instrument was selected, reviewed and approved by the Quality Improvement Council. This council is comprised of Tripler's leadership which includes senior physicians, registered nurses, administrators, and senior enlisted personnel working within the institution. The survey was reviewed for several specific reasons: first, to analyze the survey for applicability towards the hospital; second, to insure the language would be understood by the wide spectrum of individuals with differing educational backgrounds and experiences; and finally, to determine if any revisions were necessary to expand the information gained during the survey process.

Several additions and modifications were made to the survey. An additional construct, labeled Total Quality Management, was developed which was comprised of seven

questions to specifically assess the perceived degree of commitment of the organization's leadership, importance of TQM to the individual staff member, and the understanding of their roles in implementing the TQM process. Three optional open-ended questions were added to solicit comments on issues not covered in the survey. Additionally, specific demographic data was requested which included occupational category, rank or pay grade, gender, age, length of time at Tripler, length of total military and/or federal service, and whether their position was designated as supervisory.

The instrument was modified to a five-point Likert scale, anchored at the extremes as mentioned above. However, the new scale ranged as follows: strongly agree, agree, neither agree or disagree (neutral), disagree, and strongly disagree. The survey could be completed in 20-25 minutes.

Instrument Reliability

This survey instrument had been found reliable on seven of the nine scales in previous research (Litwin and Stringer 1968; Muchinsky 1976; and Counte et al 1992). Nevertheless, testing for reliability for Tripler's sample was calculated using Cronbach's Alpha (Cronbach 1951). Randomized block ANOVAs for each of the 10 scales of organizational climate were computed in order to derive Cronbach's Alpha coefficients. These alpha coefficients determined the

stability or internal consistency of the ratings on the survey items that measure the different aspects of organizational climate. The alpha coefficients for the 10 scales were as follows: .71 for Structure, .36 for Responsibility, .77 for Reward, .51 for Risk, .77 for Warmth, .74 for Support, .53 for Standards, .19 for Conflict, .84 for Identity, and .75 for TQM. Within the 10 scales, six were found to be exceptionally high (above .70), two were good (above .50) and two showed doubtful reliability. This is consistent with what was found in the literature (Litwin and Stringer 1968; Muchinsky 1976; and Counte et al 1992).

Target Population

The target population was approximately 2,900 individuals currently employed at Tripler Army Medical Center. However, this population was large and it was unnecessary to survey each individual. Sampling theory demonstrates that results which are representative of the total population can be obtained from a sample of that population (Steiber & Krowinski 1990). Therefore, a stratified random sample of the population of Tripler Army Medical Center was examined. A stratified methodology ensures that a representative sample of the different occupational categories are surveyed.

A personnel roster was obtained from Tripler's

Personnel Division to determine the population. To calculate the size of the required sample, the Research Methodology Decision Aid computerized program by Dr. Thomas R. Renckly (1991) was used. Based on a total population size of 2,996, a confidence interval of .95, and a precision level of .05, a minimum sample size of 339 persons should be selected. I selected 556 persons to receive the survey so that a return rate of 65 percent would insure the minimum sample size was attained.

A stratified sample based on the proportion of the various occupational and professional categories found in the health care setting was drawn from the population to ensure equal representation of all categories. These categories include:

1. Physicians- staff and house staff (interns, residents, and fellows).
2. Registered Nurses- clinical specialists, nurse practitioners and nurse educators.
3. Allied Health Professionals- medical technologists, pharmacists, dietitians, physical and occupational therapists, social workers, psychologists, dentists, veterinarians, speech pathologists, and optometrists.
4. Medical Technicians- LPNs, medical specialists, nursing assistants, radiology technicians, pharmacy technicians, PT/OT assistants, EEG/EKG technician, respiratory/pulmonary technicians, OR technicians, and phlebotomist.
5. Office/ Clerical Support- medical records personnel, secretaries, receptionists, transcriptionists, admitting clerks, personnel and legal specialists, finance and accounting specialists, computer operators, and communications specialists.

6. Service- food service workers, environmental service workers, supply/warehouse personnel, security officers, and craftsmen.

7. Others- administrators, chaplains, attorneys, and engineers.

To obtain the sample, the population was first divided into military and civilian personnel. These populations were then separated by military and civilian job series. Further, each job series was placed into one of the categories as identified above. Percentages were calculated for each job series based on their proportion of the total population. These percentages were then applied against the 556 personnel required for the minimum sample size to ensure a representative sample. A random number generator was used to select the individuals within every job series to ensure an equal chance of selection.

Statistical Applications

Statistical analysis included both descriptive and inferential methodologies. Descriptive statistics were employed to summarize the respondents' demographic characteristics as well as survey item means and standard deviations. Frequency distributions for each survey question were presented to display the magnitude and direction of the responses obtained.

A composite score was computed for each construct variable. A composite score is a total of scores for all

questions within a construct. These scores provide the overall rating for these variables as a measure of organizational climate.

To express the relative strength or weakness of one variable to one another, each construct variable was converted to a standardized score based on a maximum of 100. Any variable with a score greater than 60 would be a stronger, more positive variable while those variables with a score less than 60 would be weaker, more negative variables.

Inferential statistics were used to determine organization climate differentiation between occupational categories, gender, federal service category (military or civilian), military category (officer or enlisted), and supervisory status. Differentiation between occupational categories was determined through the use of one-way analysis of variance (ANOVA). Tukey's Honestly Significant Difference Test was employed as a post hoc analysis to determine the specific location of the differences. The t-test was employed to determine differences between gender, federal service category, military category, and supervisory status. Two-way ANOVAs were used to identify any interaction between these groups.

Ethical considerations

To insure people felt comfortable in expressing their

honest opinions, individual surveys were kept confidential and results were expressed only as consolidated group findings. Names were not required on the surveys; however, specific demographic information was requested. Every consideration was made to insure the confidentiality of each respondent.

CHAPTER III

RESULTS

Return Rate

A total of 556 surveys were distributed and 369 surveys were returned. Of the 556 surveys, 15 were returned as undeliverable. This calculates to an overall adjusted response rate of 68 percent. The total number of valid surveys returned was 352 as 17 were deemed unsuitable for use due to incomplete response data.

Responses by occupational category are shown in Table 1. The "Other" category represented the highest response rate category. Of the 11 surveys distributed to personnel in this category, 10 responded for a rate of 91 percent. The next highest category was physicians, with a response rate of 75 percent. This category was followed by office/clerical personnel, allied health professionals, registered nurses, and service workers with return rates of 70, 69, 61, and 56 percent, respectively. The largest group, medical technicians, responded at the lowest rate with 51 percent.

Table 1. Stratified Sample from Total Population

Occupational Category	Population	# Sampled (a)	# Returned	Percent Returned
Physicians	389	73	55	75
Registered Nurses	435	81	49	61
Allied Health	315	58	40	69
Medical Technicians	1086	200	102	51
Office/Clerical Staff	491	92	64	70
Service Staff	222	41	23	56
OTHER Staff	58	11	10	91
MILITARY	1858	345	198	57
CIVILIAN	<u>1138</u>	<u>211</u>	<u>154</u>	73
	2996	556	352	

(a) Sample is based on 18.5 percent of the total population in each occupational category and Federal Service Status.

Respondent Demographic Characteristics

Demographic characteristics of the sample (N=352) can be found in Table 2. The sample consisted of approximately 16 percent physicians, 14 percent registered nurses, 11 percent allied health professionals, 29 percent medical technicians, 18 percent office or clerical workers, 6 percent service workers and 3 percent other occupations.

The military represented 56 percent of the total sample, and 29 percent of the total sample were officer personnel. There were no returned surveys from warrant officers. Managerial, supervisory and executive personnel

Table 2. Respondent Demographic Characteristics (N= 352)

DEMOGRAPHIC CHARACTERISTICS		Number	Percentage of Total
Occupational Sub-Group:	Physicians	55	16
	Registered Nurses	49	14
	Allied Health Professionals	40	12
	Medical Technicians	102	29
	Office/Clerical	64	18
	Service	23	7
	Other	10	3
Federal Service Status:	Military	198	56
	Civilian	154	44
Military Rank:	PVT-SPC	39	11
	SGT-SSG	40	11
	SFC-CSM	17	5
	WO1-CW5	0	0
	2LT-CPT	49	14
	MAJ-LTC	45	13
	COL & above	9	3
	Officer	101	29
	Enlisted	96	27
Civilian Pay Grade:	WG 01-WG 02	2	1
	WG 03-WG 07	9	3
	GS 1-GS 5	43	12
	GS 6-GS 9	54	15
	GS/M 10 & above	36	10
Length of time at Tripler:	1 - 11 Months	59	17
	1 - 3 Years	159	45
	4 - 9 Years	72	21
	10 - 20 Years	38	11
	>20 Years	18	5
Length of Total Federal Service:	1 - 11 Months	5	1
	1 - 3 Years	55	16
	4 - 9 Years	107	30
	10 - 20 Years	127	36
	>20 Years	47	14
Gender:	Male	182	53
	Female	161	47
Age:	< 20 years	3	1
	20 - 29 Years	70	20
	30 - 39 Years	134	38
	40 - 49 Years	110	31
	50 - 59 Years	28	8
	> 60 Years	7	2
Supervisor:	Supervisor	112	32
	Non-Supervisor	239	68

represented 32 percent of the respondents.

Males accounted for 53 percent of the sample, and females 47. Within the sample, the average age was 37 years with 69 percent between 30 and 49 years of age and 20 percent under 29 years. Over 45 percent of the sample worked at Tripler between 1 and 3 years, with nearly 83 percent working there less than 10 years. However, approximately 50 percent of the sample had over 10 years Federal service, either in the military, civil service or a combination of both.

Descriptive Analysis of Survey Items Responses

The mean scores for the survey questions along with the standard deviations are presented in Table 3. To aid in interpretation, the ratings for twenty-five questions (e.g., questions 2, 5, 6, 7, 9, 12, 13, 14, 15, 19, 20, 21, 22, 24, 28, 29, 31, 33, 40, 41, 42, 45, 48, 49, and 56) were reflected so that the rating scale was consistent with the remaining questions with "5" representing the highest or most positive assessment of climate. Mean scores for the survey questions ranged from 2.34 (2 = disagree to 3 = neither agree or disagree) to 3.88 (3 = neither agree or disagree to 4 = agree). Of the 56 variable means, 30 scores

were above 3.00 and 26 were below. The highest rated item was *TQM is important* with a mean of 3.88. The lowest scoring item was *Not enough reward and recognition* with a mean of 2.34. The standard deviation generally remained ± 1 scale point for all variables with the range between ± 0.80 and ± 1.30 . The low standard deviations reveal general agreement in the rating of these variables.

There were seven items that scored means above 3.50. These questions included, *TQM is important* (3.88), *Understanding of your roles in contributing to TQM goals* (3.72), *Don't know what TQM is about* (3.72), *Set high standards for performance* (3.68), *A friendly atmosphere prevails among our people* (3.63), *Assistance from supervisor and co-workers* (3.55), and *Clearly explained structure and policies* (3.53). There were only two items which had means of less than 2.50. These were *The best rise to the top in our promotion system* (2.43) and *Not enough reward and recognition* (2.34).

The mean scores for the construct variables along with the standard deviation are presented in Table 4. Of the ten construct variables mean scores, seven are above the midpoint, "3" (3 = neither agree or disagree), on the scale. The seven variables are *Total Quality Management* (3.49), *Warmth* (3.35), *Identify* (3.23), *Standards* (3.22), *Support* (3.15), *Structure* (3.08), and *Responsibility* (3.01)

Table 3. Mean and Standard Deviation for Survey Questions by Construct Variable (N= 352)

Corresponding Survey Questions by Construct Variable (a)	Mean	STD. Deviation
STRUCTURE:		
1. Jobs clearly defined and logically structured	3.41	1.08
* 2. Unclear formal authority	3.12	1.30
3. Clearly explained structure and policies	3.53	1.08
4. Red-tape kept to a minimum	2.71	1.12
* 5. Difficult for new ideas to receive consideration	2.78	1.08
* 6. Productivity suffers from lack of planning	2.78	1.19
* 7. Unsure of boss during some projects	3.48	1.20
8. Concerned for getting the right people for the job	2.86	1.06
RESPONSIBILITY:		
* 9. Don't rely on individual judgement	3.01	1.09
10. If you have the right approach, just go ahead	2.55	0.97
11. Set guidelines and let subordinates take responsibility	3.16	1.04
* 12. To get ahead, you must stick your neck out	3.15	1.03
* 13. People should solve problems by themselves	3.39	0.99
* 14. Lots of excuses when there is a mistake	2.90	1.14
* 15. A problem with individuals taking responsibility	2.88	1.20
REWARD:		
16. The best rise to the top in our promotion system	2.43	1.13
17. Rewards outweigh the threats and criticism	2.74	1.13
18. Reward is proportional to excellence in performance	2.65	1.19
* 19. Not enough reward and recognition	2.34	1.17
* 20. Lots of criticism	2.82	1.15
* 21. Make a mistake and you will be punished	3.21	1.02
RISK:		
* 22. We get ahead by playing it slow, safe and sure	2.80	0.89
23. We take calculated risks at the right time	2.95	0.90
* 24. Decision making is too cautious	2.93	0.93
25. Management will take a chance on a good idea	3.22	0.99
WARMTH:		
26. A friendly atmosphere prevails among our people	3.63	1.07
27. Relaxed, easy-going working climate	3.12	1.14
* 28. Hard to get to know people here	3.44	1.03
* 29. People tend to be cool and aloof	3.38	1.03
30. Warm relationship between management and workers	3.20	1.02

Table 3 (Continued). Mean and Standard Deviation for Survey Questions by Construct

Variable (N= 352)

Corresponding Survey Questions by Construct Variable (a)	Mean	STD. Deviaton
SUPPORT:		
* 31. Not much sympathy if you make a mistake	2.98	0.99
32. Management talks with you about career aspirations	2.84	1.17
* 33. People really don't trust each other	3.08	1.02
34. Management emphasizes how people feel	2.92	1.04
35. Assistance from supervisor and co-workers	3.55	1.06
STANDARDS:		
36. Set high standards for performance	3.68	0.97
37. No job couldn't be done better	3.31	0.95
38. Pressure to continually improve performance	3.29	1.02
39. With happy people, productivity takes care of itself	2.98	1.04
* 40. Its more important to get along than be a high producer	2.74	1.05
* 41. People don't take pride in their performance	3.33	1.11
CONFLICT:		
* 42. To make a good impression, avoid arguments	2.56	1.08
43. Conflict between competing departments is healthy	2.69	0.85
44. Encouraged to speak our minds even if disagreeing	2.86	1.10
* 45. The goal is to decide smoothly and quickly	2.89	0.96
IDENTIFY:		
46. People are proud to belong here	3.42	0.95
47. Member of a well functioning team	3.49	1.05
* 48. Not much personal loyalty towards organization	3.25	1.04
* 49. People primarily look out for themselves	2.76	1.14
TOTAL QUALITY MANAGEMENT:		
50. Leadership actively involved in promoting TQM	3.31	0.98
51. Senior management is strongly committed to TQM	3.28	1.02
52. Immediate supervisor is strongly committed to TQM	3.34	1.09
53. TQM is important	3.88	0.91
54. Understand your roles in contributing to TQM goals	3.72	0.99
55. Understand how TQM is being implemented	3.15	1.07
* 56. Don't know what TQM is about	3.72	1.13

(a) Survey items contained in this table are an abbreviated form of the question contained in the Staff Cultural Assessment Survey. Please refer to the survey instrument for the complete question.

(b) All variables rated on a 5-point scale : 1 = strongly disagree; 2 = disagree; 3 = neither agree or disagree; 4 = agree; 5 = strongly agree.

(*) Indicate a reflected value so that all item means are based on "5" as the highest rating.

Table 4. Construct Variable Means (N= 352)

Construct Variable (a)	Mean (b)	STD. Deviation
Structure: (8)	3.08	0.65
Responsibility: (7)	3.01	0.49
Reward: (6)	2.70	0.77
Risk: (4)	2.97	0.57
Warmth: (5)	3.35	0.77
Support: (5)	3.15	0.75
Standards: (5)	3.22	0.56
Conflict: (4)	2.75	0.54
Identify: (4)	3.23	0.86
Total Quality Management: (7)	3.49	0.62

(a) Number of survey questions contained within the construct.

(b) Means calculated from all questions within that construct.

(c) All variables rated on a 5-point scale : 1 = strongly disagree; 2 = disagree;
3 = neither agree or disagree; 4 = agree; 5 = strongly agree.

(between 3 = neither agree or disagree to 4 = agree). The three construct variables below the midpoint, "3", are 2.97 for *Risk*, 2.75 for *Conflict*, and 2.70 for *Reward* (between 2 = disagree to 3 = neither agree or disagree). The *Total Quality Management* construct was rated the highest at 3.49 and *Reward* was rated the lowest at 2.70. The standard deviation for these variables ranged from $\pm .49$ to $\pm .86$.

Frequency Distribution

Frequency distributions were calculated for all questions within each construct variable. A summary of the frequency percentages by survey question are presented in Table 5. These distributions contain reflected scores. Of the 56 survey questions, 31 had a mean score above the midpoint, "3" (3 = neither agree or disagree) and 25 scored below the midpoint.

Only 21 questions were skewed with greater than fifty percent of the responses being above the midpoint or below the midpoint. The average frequency for all items on the "3" rating (3 = neither agree or disagree) was twenty-nine percent. The range for the midpoint, "3" rating, was between 12 and 46 percent. The sixteen questions with more than fifty percent of the responses being above (positively skewed) the midpoint were, *A friendly atmosphere prevails among our people* (70%), *TQM is important* (70%), *Understand your roles in contributing to TQM goals* (70%), *Set high standards for performance* (67%), *Assistance from supervisor and co-worker* (64%), *Don't know what TQM is about* (64%), *Clearly explained structure and policies* (63%), *Member of a well functioning team* (60%), *Jobs clearly defined and logically structured* (58%), *Unsure of boss during some projects* (57%), *People should solve problems by themselves* (52%), *Hard to get to know people here* (55%), *People tend to be cool and aloof* (55%), *People are proud to belong here*

Table 5. Frequency of Responses by Construct Variables in Percentages (N= 352)

Corresponding Survey Questions by Construct Variable (a)	Rating Scale (b)				
	1	2	3	4	5
STRUCTURE:					
1. Jobs clearly defined and logically structured	5	18	19	45	13
* 2. Unclear formal authority	11	27	12	34	16
3. Clearly explained structure and policies	5	16	16	48	15
4. Red-tape kept to a minimum	17	29	26	24	4
* 5. Difficult for new ideas to receive consideration	12	30	31	22	5
* 6. Productivity suffers from lack of planning	15	35	16	28	6
* 7. Unsure of boss during some projects	7	17	19	34	23
8. Concerned for getting the right people for the job	12	24	36	23	5
RESPONSIBILITY:					
* 9. Don't rely on individual judgement	9	26	27	31	7
10. If you have the right approach, just go ahead	12	42	29	14	3
11. Set guidelines and let subordinates take responsibility	7	21	28	38	6
* 12. To get ahead, you must stick your neck out	5	21	34	31	9
* 13. People should solve problems by themselves	3	16	29	41	11
* 14. Lots of excuses when there is a mistake	13	25	28	27	7
* 15. A problem with individuals taking responsibility	16	24	24	29	7
REWARD:					
16. The best rise to the top in our promotion system	25	29	28	14	4
17. Rewards outweigh the threats and criticism	17	25	30	23	5
18. Reward is proportional to excellence in performance	22	25	24	25	4
* 19. Not enough reward and recognition	28	33	22	13	4
* 20. Lots of criticism	15	24	28	27	6
* 21. Make a mistake and you will be punished	6	16	39	29	10
RISK:					
* 22. We get ahead by playing it slow, safe and sure	8	27	46	17	2
23. We take calculated risks at the right time	4	21	55	18	2
* 24. Decision making is too cautious	7	24	40	27	2
25. Management will take a chance on a good idea	5	40	32	17	6
WARMTH:					
26. A friendly atmosphere prevails among our people	5	13	12	53	17
27. Relaxed, easy-going working climate	10	21	24	36	9
* 28. Hard to get to know people here	5	15	25	43	12
* 29. People tend to be cool and aloof	5	15	25	43	12
30. Warm relationship between management and workers	8	14	33	40	5

Table 5 (Continued). Frequency of Responses by Construct Variables in Percentages (N= 352)

Corresponding Survey Questions by Construct Variable (a)	Rating Scale (b)				
	1	2	3	4	5
SUPPORT:					
* 31. Not much sympathy if you make a mistake	8	21	40	27	4
32. Management talks with you about career aspirations	17	22	27	29	5
* 33. People really don't trust each other	7	21	34	33	5
34. Management emphasizes how people feel	11	22	37	25	5
35. Assistance from supervisor and co-workers	5	14	17	49	15
STANDARDS:					
36. Set high standards for performance	2	11	20	49	18
37. No job couldn't be done better	3	16	38	34	9
38. Pressure to continually improve performance	5	17	34	33	11
39. With happy people, productivity takes care of itself	9	24	35	25	7
* 40. Its more important to get along than be a high producer	13	30	32	22	3
* 41. People don't take pride in their performance	8	15	26	39	12
CONFLICT:					
* 42. To make a good impression, avoid arguments	18	34	25	20	3
43. Conflict between competing departments is healthy	9	29	46	15	1
44. Encouraged to speak our minds even if disagreeing	14	23	30	29	4
* 45. The goal is to decide smoothly and quickly	6	29	41	18	6
IDENTIFY:					
46. People are proud to belong here	4	13	31	43	9
47. Member of a well functioning team	6	11	23	47	13
* 48. Not much personal loyalty towards organization	6	17	32	36	9
* 49. People primarily look out for themselves	6	27	35	26	6
TOTAL QUALITY MANAGEMENT:					
50. Leadership actively involved in promoting TQM	6	11	36	39	8
51. Senior management is strongly committed to TQM	6	15	33	37	9
52. Immediate supervisor is strongly committed to TQM	7	15	31	33	14
53. TQM is important	2	3	25	44	26
54. Understand your roles in contributing to TQM goals	3	9	18	49	21
55. Understand how TQM is being implemented	6	23	30	32	9
* 56. Don't know what TQM is about	5	11	20	36	28

(a) Survey items contained in this table are in abbreviated form of the question contained in the Staff Cultural Assessment Survey. Please refer to the survey instrument for the complete question.

(b) All variables rated on a 5-point scale : 1 = strongly disagree; 2 = disagree; 3 = neither agree or disagree; 4 = agree; 5 = strongly agree.

(*) These frequency distributions are for reflected scores.

(52%), *People don't take pride in their performance* (51%) and *Unclear formal authority* (50%). The five questions that scored fifty percent or below (negatively skewed) the midpoint were, *Not enough reward and recognition* (61%), *If you have the right approach, just go ahead* (54%), *The best rise to the top in our promotion system* (54%), *To make a good impression, avoid arguments* (52%), and *Productivity suffers from the lack of planning* (50%).

Composite Construct Scores

Table 6 presents each construct variable as a composite score by demographic variables. A composite score for each of the 10 construct variables was computed for the entire sample (N=352). Tripler's composite score profile is as follows: Structure (24.67), Responsibility (21.05), Reward (16.19), Risk (11.89), Warmth (16.77), Support (15.37), Standards (19.32), Conflict (11.00), Identify (12.93) and TQM (24.41).

Each of the occupational categories, gender, federal service category (military or civilian), military category (officer or enlisted), and supervisory status, had a composite score calculated. The range between the highest and lowest composite scores for each construct variable is slight and will be investigated statistically later in this chapter under Inferential Statistics.

Table 6. Composite Construct Scores by Demographic Variables (N= 352)

Demographic Variables	Structure (8)	Responsibility (7)	Reward (6)	Risk (4)	Construct Variables (a) Warmth (5)	Support (5)	Standards (6)	Conflict (4)	Identify (4)	TQM (7)
TRIPLER (N=352)	24.67	21.05	16.19	11.89	16.77	15.37	19.32	11.00	12.93	24.41
PHYSICIANS (N=55)	25.64	21.75	16.45	11.67	18.02	16.11	19.65	11.29	13.69	24.13
NURSES (N=49)	23.94	21.29	15.69	11.61	16.76	15.55	19.51	11.14	12.96	24.80
ALLIED HEALTH (N=40)	27.20	22.20	17.18	12.25	17.15	15.80	19.43	10.90	13.28	23.73
TECHNICIANS (N= 102)	23.16	20.13	15.10	11.75	15.73	14.59	19.04	10.61	12.27	24.67
OFFICE/CLERICAL (N=64)	25.06	21.61	16.28	12.14	17.00	15.55	19.27	11.05	13.02	23.88
SERVICE (N=23)	25.30	19.61	18.09	11.78	16.30	14.65	18.70	10.78	12.30	24.78
OTHER (N=10)	25.20	22.10	18.60	13.80	19.20	17.20	20.10	11.80	14.60	24.90
MILITARY (N=194)	24.67	21.00	15.83	11.98	16.77	15.47	19.49	11.02	12.82	24.24
CIVILIAN (N=149)	24.63	21.14	16.64	11.79	16.74	15.23	19.05	10.91	13.05	24.50
MALES (N=183)	24.94	21.16	16.42	11.87	17.19	15.63	19.18	11.01	13.04	24.53
FEMALES (N=165)	24.38	20.93	15.95	11.92	16.31	15.09	19.48	10.99	12.80	24.28
ENLISTED (N=96)	24.05	20.28	15.17	12.04	15.93	14.99	19.17	10.79	12.19	24.10
OFFICERS (N=101)	25.30	21.71	16.50	11.95	17.57	15.92	19.83	11.21	13.46	24.42
SUPERVISOR (N=112)	25.29	20.96	17.04	12.43	17.28	16.18	19.65	11.08	13.44	24.87
NON-SUPERVISOR (N=240)	24.40	21.12	15.79	11.65	16.53	14.99	19.13	10.94	12.69	24.13

(a) Under each construct variable is the number of questions contained in that construct.

The standardized score (based on 100) of the construct variables is presented in Table 7. Of the ten variables, six scores are above 60, three below 60, and 1 equal to 60. *TQM* (70) has the highest value, followed by *Warmth* (67), *Identify* (65), *Standards* (64), *Support* (62) and *Structure* (60). *Reward* (54) was the lowest rated construct, followed by *Conflict* (55), and *Risk* (59). The *Responsibility* construct was rated equal to 60.

Open-Ended Question Characteristics

The open-ended questions, "What two things do you like most about your organization?", "What two things would you like to see improved in your organization?", and "Any additional comments you would like to make?", drew responses from 216 respondents. Comments made in response to the first two questions were separated into categories that best represented the essence of the response. Comments made regarding the third open-ended question were primarily used for support of either of the first two questions. Table 8 contains the categories and frequency of response to these questions.

Of the 216 respondents that provided comments, 263 responses were made about what people liked most about Tripler. There were 9 distinct categories and 1 category was used to collect low frequency responses. *Cohesiveness*, *support and camaraderie of co-workers* was the most frequent

Table 7. Standardized Composite Construct Scores by Demographic Variables (N= 352)

Demographic Variables	Structure	Responsibility	Reward	Risk	Construct Variables (a)				Identify	TQM
					Warmth	Support	Standards	Conflict		
TRIPLER (N=352)	62	60	54	59	67	62	64	55	65	70
PHYSICIANS (N=55)	64	62	55	58	72	64	66	56	68	69
NURSES (N=49)	60	61	52	58	67	62	65	56	65	71
ALLIED HEALTH (N=40)	68	63	57	61	69	63	65	55	66	68
TECHNICIANS (N= 102)	58	58	50	59	63	58	63	53	61	70
OFFICE/CLERICAL (N=64)	63	62	54	61	68	62	64	55	65	68
SERVICE (N=23)	63	56	60	59	65	59	62	54	62	71
OTHER (N=10)	63	63	62	69	77	69	67	59	73	71
MILITARY (N=194)	62	60	53	60	67	62	65	55	64	69
CIVILIAN (N=149)	62	60	55	59	67	61	63	55	65	70
MALES (N=183)	62	60	55	59	69	63	64	55	65	70
FEMALES (N=165)	61	60	53	60	65	60	65	55	64	69
ENLISTED (N=96)	60	58	51	60	64	60	64	54	61	69
OFFICERS (N=101)	63	62	55	60	70	64	66	56	67	70
SUPERVISOR (N=112)	63	60	57	62	69	65	66	55	67	71
NON-SUPERVISOR (N=240)	61	60	53	58	66	60	64	55	63	69

(a) These scores are standardized based on a maximum score of 100.

Table 8. Frequency of Responses to Open-Ended Questions (N= 216)

Open-Ended Question Responses	Frequency of Response	Percent of Total
Things Most Liked about Tripler		
1. Cohesiveness, support and comraderie of Co-workers	53	25%
2. Leadership, support and effectiveness of Supervisor	44	20%
3. Warm, congenial work atmosphere	36	17%
4. High quality of work, skills, and professionalism of staff	31	14%
5. Dedicated, hardworking and caring staff	30	14%
6. Proud to work at Tripler	16	7%
7. Cleanliness and physical appearance of facility	15	7%
8. Outstanding teamwork throughout staff	14	6%
9. State-of-the-art technology: automation and CHCS	7	3%
10. Other responses	17	8%
Total responses	263	
Things Most Liked to See Improved		
1. Lack of recognition & awards; more incentives	45	21%
2. Better support from leadership & less micromanagement	38	18%
3. Increase staffing; administrative and clinical personnel	30	14%
4. Availability of training and continuing education	22	10%
5. Commitment to TQM , implement at lower levels	21	10%
6. Increase availability of equipment and supplies	21	10%
7. Coordination between departments	19	9%
8. Overall communication throughout facility	19	9%
9. Promotion system where best qualified are promoted	18	8%
10. Housekeeping standards and facility 's appearance	12	6%
11. Reduce the excessive administrative procedures and red-tape	13	6%
12. Greater emphasis on quality care	11	5%
13. Greater freedom to express ideas about the workplace	10	5%
14. Make individual accept responsibility	8	4%
15. Other responses	26	12%
Total responses	313	

response, showing up in 25 percent of the comments. The only other comment mentioned by at least 20 percent of all respondents was the *Leadership, support and effectiveness of supervisor* category.

There were 313 remarks in reference to things they would most like to see improved at Tripler. This question yielded comments that were separated into 14 distinct categories and one category for low frequency responses. *Lack of recognition and reward; more incentives* responses was the most popular and appeared in 21 percent of surveys that answered the open-ended questions.

Inferential Statistics

A one-way analysis of variance was performed on each of the ten construct variables by occupational category to identify any significant differences among work groups. These tests revealed differences ($p \leq .05$) on two construct variables, *Risk* and *Warmth*. The F values were calculated as follows; for *Risk*, $F(6, 336) = 2.43$, $p = .0258$ and for *Warmth*, $F(6, 336) = 3.67$, $p = .0015$.

A post hoc analysis was accomplished employing Tukey's Honestly Significant Difference (HSD) test. This test determined which occupational categories differed within the two constructs. Table 9 presents the number of significant differences among occupational categories. Within the

Table 9. Statistically Significant Construct Scale Differences Among Occupational Categories.

Occupational Category	Number of Differences (a)
Physicians	0
Registered Nurses	1
Allied Health Professionals	2
Medical Technicians	2
Office / Clerical	1
Service	4
Other	0

(a) If an occupational category was significantly different from all other occupational categories on every climate scale, it would score 60 (10 scales x the 6 other occupational categories).

Risk construct, the only occupational categories that exhibited significant differences were among the Medical Technicians and the Allied Health Professionals. Differences within the *Warmth* construct occurred among Service Workers and the following four categories; Registered Nurses, Allied Health Professionals, Medical Technicians, and Office/Clerical Workers. No significant differences were found among any other groups.

To determine if differences are present among males and females a *t*-test was calculated for each construct variable. Gender differences were found in three constructs, *Structure*

$t(343) = -2.24$, $p = .026$, *Warmth* $t(343) = -3.20$, $p = .002$, and *Identity* $t(343) = -2.63$, $p = .009$.

Differences among supervisors and non-supervisor among construct variables were determined by the t -test. *Conflict* was the only construct that had significant differences with $t(343) = -2.83$, $p = .005$.

Construct variable differences among military and civilian personnel were also determined by t -test. The only construct that had significant difference was *Structure* with $t(343) = -2.19$, $p = .029$.

Construct variable differences among length of time at Tripler, and length of total federal service were determined by one way ANOVAs. There were no significant differences revealed.

Two-way ANOVAs were used to identify any interaction effect among occupational categories and gender, officer/enlisted and gender, supervisory status and gender, and military/civilian and gender. Gender was used in the combination due to 3 constructs showing significant differences from the t -test analysis. These four separate two-way ANOVAs produced no significant interactions.

CHAPTER IV.

DISCUSSION

The theoretical design of the organizational cultural assessment instrument enables the researcher to collect members' perceptions of and subjective responses to the organization's internal environment. The culture of an organization is then defined operationally as the sum of the perceptions of the individuals working in that environment. Tripler's cultural profile will be offered in the context of the ten constructs of organizational culture. This characterization establishes the existing baseline for the culture at Tripler Army Medical Center.

The cultural profile will be examined for differences among the various occupational categories and other demographic variables. This will establish the pervasiveness of particular aspects of the culture throughout the organization and will show the relative strength of those beliefs and attitudes.

Existing Organizational Cultural Climate

The *Structure* construct has been defined as "the feeling that employees have about the constraints in the

group, how many rules, regulations, and procedures there are; is there an emphasis on "red-tape" and going through channels, or is there a loose and informal atmosphere" (Litwin and Stringer 1968). The composite score for structure was 24.67 with a mean for the eight questions of 3.08, and a standardized score of 62 percent. As a construct, these scores show a relatively positive rating. However, the individual questions reveal several enlightening characteristics.

The Tripler staff tended to agree that the structure and policies of the organization were clearly explained (3.53), and that jobs are clearly defined and logically structured (3.41). However, people tended to disagree that "red tape" was kept to a minimum (2.71). Formalized and fairly rigid structures and procedures can be expected in military organizations.

In light of this rigid structure, it was surprising to find that the staff felt that they were unclear as to who had formal authority, and unsure of who their boss was at times. Both of these items correlated negatively with Medical Technicians and the group Privates through Staff Sergeants. Physicians, who tend to be work group leaders, had strong positive correlations with these items. Additionally, physicians rated the item *Unclear formal authority* at 3.71 (reflected), which is 1.1 points more favorable than the medical technicians.

The groups of medical technicians, and Privates through Staff Sergeants tend to be typical of Department of Nursing personnel. In this department, individuals frequently work under a clinic chief but are supervised and/or rated by an individual outside this workplace. This indicates formal lines of authority are not always aligned with workplace design.

The *Responsibility* construct has been defined as "the feeling of being your own boss; not having to double-check all your decisions; when you have a job to do, knowing that is your job (Litwin and Stringer 1968). The composite score for this construct is 21.05 with a mean for the 7 questions of 3.01, and a standardized score of 60 percent. Again we have a construct without notable characteristics but upon investigation of the individual questions, several points are revealed.

Only 17 percent of the sample agreed with the statement *If you have the right approach, just go ahead*. This perception is consistent throughout all occupational categories as means range between 1.9 for the "other" category to 2.7 for service workers. This suggests that people within the organization do not feel they are empowered to act within their areas of responsibility.

A more favorable facet of the construct is the strong feeling that when confronted with a problem people should not solve it by themselves. The mean for the sample was 3.4

with the occupational categories ranging from 3.2 to 3.45. This suggests teamwork and being able to count on your co-workers for assistance.

Reward has been defined as "the feeling of being rewarded for a job well done; emphasizing positive rewards rather than punishments, the perceived fairness of the pay and promotion policies" (Litwin and Stringer 1968). The composite score for this construct was 16.19 with a mean for the six questions of 2.70, and a standardized score of 54. This dimension of the organization's culture was rated as the least favorable aspect. In fact, the two lowest rated survey items were found in this construct, *The best rise to the top in our promotion system* (2.43) and *Not enough reward and recognition* (2.34). Furthermore, the most frequent response to the open-ended question regarding what people would liked improved highlighted staff dissatisfaction with the current awards program and promotion system.

In characterizing this construct, Tripler's employees do not feel they are given adequate reward or recognition, that the promotion system is lacking and that criticism is offered more than encouragement. Punishment, however, is not a prevailing aspect of Tripler's culture.

The *Risk* construct has been defined as "the sense of riskiness and challenge on the job and in the organization; is there an emphasis on taking calculated risks, or is playing it safe the best way to operate" (Litwin and

Stringer 1968). The composite score for this construct was 11.89 with a mean for the four questions of 2.97, and a standardized score of 59. This was one of the three construct variables rated below the midpoint of "3" (3= neither agree or disagree) or negatively.

Tripler's staff generally felt (2.80) that success is achieved by *playing it slow, safe, and sure*. However, there were not any indication that suggested *too much caution in the decision making process* (2.93). The least favorable aspect of this dimension was that only 23 percent felt management would take a chance on a good idea.

Warmth has been defined as "the feeling of general good fellowship that prevails in the work group atmosphere; the emphasis on being well-liked; the prevalence of friendly and informal social groups" (Litwin and Stringer 1968). The composite score for this construct was 16.77 with a mean for the five questions of 3.35, and a standardized score of 67.

This was the second most favorably rated construct. It suggests there is a friendly atmosphere (3.63), people are easy to get to know (3.44) and there is a generally warm relationship between management and workers (3.20). Seventy percent of the respondents agreed that *a friendly atmosphere prevails among our people* and 17 percent of the responses to what people most liked about Tripler (an the open-ended question) was the warm, congenial atmosphere. This suggests management encourages and supports closer relationships.

The *Support* construct has been defined as "the perceived helpfulness of the managers and other employees in the group; emphasis on mutual support from above and below" (Litwin and Stringer 1968). The composite score for this construct was 15.37 with a mean for the five questions of 3.15, and a standardized score of 62.

As a whole, this construct reveals no remarkable characteristics. However, the item *Assistance from supervisor and co-workers* was a particularly strong and prevalent facet (3.55) as only 19 percent of the sample disagreed with the item. Furthermore, this was supported by the responses from the open-ended questions about what things were most liked about Tripler. *Cohesiveness, support and comraderie of co-workers, ...support from supervisor and, ... teamwork throughout staff* accounted for over 50 percent of all responses to that question. It appears the development of team spirit is strongly advocated throughout the organization.

The *Standards* construct has been defined as "the perceived importance of implicit and explicit goals and performance standards; the emphasis on doing a good job; the challenge represented in personal and group goals" (Litwin and Stringer 1968). The composite score for this construct was 19.32 with a mean for the six questions of 3.22, and a standardized score of 64. These scores reveal a generally positive rating.

The organization's *Standard climate* is characterized by *high standards for performance (3.68)*, *pressure to continually improve performance (3.29)*, and the feeling that *there is room for improvement in every job (3.31)*. Furthermore, people at Tripler take pride in their performance (3.33). The survey also indicated a feeling that *getting along was more important than being a high producer (2.74)*.

The original *Conflict* construct was redefined by the Litwin and Stringer(1968) to measure the amount of conflict present in an organization. The composite score for this construct was 11.00 with a mean for the five questions of 2.75, and a standardized score of 55. These low scores indicate that Tripler has relatively low amount of exposed conflict.

At Tripler, there is a strong feeling that *to make a good impression you should avoid arguments(2.56)* and that *conflict between competing departments is not healthy (2.69)*. These indicate the lack of emphasis on getting problems out in the open, or just smoothing them over. There was a negative rating for the item suggesting that *people are encouraged to speak their minds even if it means disagreeing with their supervisor (2.86)*.

The *Identify* construct has been defined as "the feeling that you belong to a company and you are a valuable member of a working team; the importance placed on this kind of

spirit" (Litwin and Stringer 1968). The composite score for this construct was 12.93 with a mean for the four questions of 3.23, and a standardized score of 65. This is a relatively positive rating that possesses several strong indications.

The most favorable aspects of the construct are that people tend to feel they are a *member of a well-functioning team* (3.49) and that *people are proud to belong here* (3.42). Additionally, there is a suggestion of personal loyalty towards the organization (3.25). Furthermore, this was supported by 23 responses from the open-ended questions about what things were liked most about Tripler.

The *Total Quality Management* construct assesses the perceived degree of commitment of the organization's leadership; importance of TQM to the individual staff member, and their understanding of their role in implementing the TQM process. The composite score for this construct was 24.41 with a mean for the seven questions of 3.49, and a standardized score of 70. This is the most positive rating for any of the ten constructs.

The staff at Tripler feel that the *leadership is actively involved in promoting TQM* (3.31), and that *management is strongly committed to TQM* (3.34). The highest rated item on the survey was that people felt *TQM is important* (3.88), and only 5 percent of the sample disagreed with that statement. The people within the organization

know what TQM is about (3.72), and they Understand their roles in contributing to TQM goals (3.72).

Overall Tripler has a relatively positive cultural blueprint which can be characterized as follows:

Employees feel they are a member of a well-functioning team that sets high standards for performance with a continuing effort to improve. However, there is not enough recognition for good performance.

The structure and policies of the organization are clearly explained, still people feel that "red-tape" is not kept to a minimum. There is a great deal of teamwork and support, and the staff can count on assistance from their supervisors and co-workers. But employees do not feel empowered to act on their own with a good idea. Supervisors tend to micro-manage and occasionally staff members are unclear as to who has formal authority.

A warm and friendly atmosphere prevails throughout Tripler, and people are easy to get to know. People are proud to work at Tripler.

The staff at Tripler feels TQM is important, they know what it is about and what their role is in contributing to the TQM goals. The leadership of the organization is strongly committed to and is actively involved in promoting TQM.

Cultural Differentiation Within Tripler

Now that Tripler's climate has been described and characterized, it is necessary to analyze construct differentiation within the organization. Differentiation exposes subcultures and provides unique managerial implications.

The one-way analysis of variance performed on each of the ten construct variables by occupational category revealed significant differences among only two construct variables, *Risk* and *Warmth*. Furthermore, the post hoc analysis employing Tukey's (HSD) test pinpointed these significant differences to occur between only five occupational categories. Within the *Risk* construct, the only difference was between the Medical Technicians and the Allied Health Professionals. The *Warmth* construct differences occurred between Service Workers and the following four categories; Registered Nurses, Allied Health Professionals, Medical Technicians, and Office/Clerical Workers.

Of a possible 180 differences that could have occurred, only 5 were significant. This shows tremendous consensus among employees on the beliefs and attitudes that prevail throughout Tripler.

These remarkable similarities among all categories are contrary to previous research (Bell 1993; Cooke and Rousseau

1988). To identify areas to account for the lack of differentiation, other demographic data was examined. Multiple t-tests were calculated to determine other group differences. Gender had three small differences in the constructs of *Structure*, *Warmth* and *Identity*. Differences among supervisors and non-supervisor occurred only in the *Conflict* construct. Construct variable differences among military and civilian personnel were found in the construct of *Structure*. No differences were found between categories of officer and enlisted, time at Tripler or time of total federal service. These sixty t-tests revealed only five significant differences.

Two-way ANOVAs were used to identify any interaction effect between demographic categories and gender. The four separate two-way ANOVAs produced no significant interaction.

The demographic characteristics revealed that 62 percent of the sample had been working at Tripler less than three years. Furthermore, there was no significant differences among groups based on time at Tripler. Establishing a culture this strong would require a substantive period of time, which suggests the culture is long standing as well as deeply entrenched at Tripler.

Perhaps the lack of differentiation could be accounted for by the length of time staff members have spent in federal service. Fifty percent of the sample had over ten

years in the federal system. Tripler's culture may be propagated by the well defined structure and policies typical of military organizations. Additionally, the structure of the military's "staff model Health Maintenance Organization" is quite different from typical "civilian" health care facilities. Since, previous research was collected from civilian facilities, possibly the comparison is of two distinctly different organizations. No previously research on cultural assessments of military health care facilities was found to which these results could be compared.

The lack of variation between groups indicates the climate described is strongly representative of the entire population. Consequently, these more widely shared beliefs and values have a greater impact on the organization due to the increase in assumptions guiding behavior. The implications for the leadership of Tripler would seem to be lessened with such a homogeneous climate. However, if change is deemed necessary, the pervasiveness and strength of the existing culture would prove this to be a difficult challenge.

CHAPTER V.
RECOMMENDATIONS AND CONCLUSION

Recommendations

Identifying an organization's culture and its pervasiveness from empirical evidence is only one of the first steps in the complex process of implementing Total Quality Management. By establishing the cultural baseline or blueprint, the strengths and weaknesses of the culture are exposed. The results of this study provide Tripler's leadership with an accurate view of the climate and culture on which to build TQM.

Benchmarking the current cultural blueprint against the desired cultural qualities is the basis for improvement. Benchmarking enables the leadership of an organization to determine the gap between current and desired culture; develop changes in programs, policies, and management behavior to shift the organization's culture; and measure the progress towards attaining the new quality culture.

As stated previously, the purpose of this research project was two-fold: identify the current cultural profile of Tripler to establish a baseline, and determine if any cultural differentiation exists among occupational

categories. These have both been satisfied. However, the most important facet of the research remains-- to identify the attributes of the culture that will enhance or serve as a barrier in implementing Total Quality Management.

As previously identified in the literature, an overview of universally accepted quality attributes for TQM to flourish was provided. In further defining the components of a quality culture, the three gurus of quality (Crosby, Deming and Juran) have addressed several absolute prerequisites that must be present in an organization to make TQM function properly. These include commitment from top management, customer focus, team-oriented mindset with managerial support, empowered employees, high standards with a focus on continuous quality improvement, and strong reward and recognition programs. I will evaluate Tripler's culture with the components defined by the gurus as *sine qua non*.

Tripler's cultural blueprint reveals many attributes that will enhance and ease the implementation of TQM. These traits are deeply ingrained in the staff members as demonstrated by the tremendous consensus revealed by this research.

The staff at Tripler feel TQM is important, they know what it is about and what their role is in contributing to the TQM goals. The leadership of the organization is strongly committed to and is actively involved in promoting TQM. Employees feel they are a member of a well-functioning

team that sets high standards for performance with a continuing effort to improve. There is a great deal of teamwork and support, and the staff can count on assistance from their supervisors and co-workers. People are proud to work at Tripler.

The strength of the culture cannot be overlooked in examining the positive attributes of this organization. Schein (1985) reflects that "strong cultures cause strong performance, yet the reverse is known to occur too--strong performance can help to create strong cultures." Strong cultures create an unusual level of motivation in employees as shared values and behaviors make people feel good about working for an organization; that feeling of commitment or loyalty makes people strive harder (Kotter and Heskett 1992). Using patient satisfaction as a measurement for success, Tripler has been very successful over, at least, the past two years (Kiefer 1994).

When benchmarking Tripler's cultural profile against the desirable quality traits for an organization as established by Crosby, Deming, Juran and others there is a high degree of similarity between the two. These attributes reflect the foundation for successful transformation towards TQM. The programs, policies and managerial behavior that have enabled Tripler to establish such a stable platform from which to launch their TQM journey should be identified so this behavior can be maintained and strengthened.

The Tripler cultural profile also identifies several traits that are barriers to implementing TQM and will hinder progress in developing a TQM organization. These barriers must be dealt with to ensure an effective transition to TQM.

Tripler's staff feels that they are not free to go ahead with an idea even if they have the right approach. In other words, the staff does not believe they are empowered to act in correcting or improving a process. Empowerment, the placing of accountability, authority, and responsibility for processes and products at the lowest possible level, is at the heart of TQM. It is the key to untapping an organization's reservoir of talent, creativity and energy (Belasco 1990). However, several cultural changes are required to release this potential. The staff must want to contribute and be a part of the TQM process. The results of the survey strongly suggests that Tripler's employees are primed to contribute, but change must occur to effect their contributions.

Implementing an empowerment strategy requires several key considerations that should be followed. First, employees need to feel good about offering suggestions for improvement and need to understand that the company values their insights. Secondly, employees should have the power to take whatever steps are necessary to assure that their process is producing and delivering quality output. Thirdly, emphasis should be placed on the development of

people. A method to do this is by appealing to the need that most people have to fulfill a sense of mission, to make a difference. Each employee should have a sense of how their individual actions affect the realization of the company's vision (Huge and Vasily 1990).

Managers empower employees, and managers must support and be committed to the TQM effort. All levels of management must view themselves as role models for TQM; they must teach and coach, and be mentors for the staff. Only then can management convince the staff to try statistical control techniques and other TQM tools (McLaughlin and Kaluzny 1990). Middle management must resist the temptation to involve themselves with each decision. Instead they must give people room to make TQM work, monitoring rather than controlling the process changes. Additionally, they must resist the urge to "disempower" employees when times get tough (Eubanks 1991).

John Anderson, Commander, USAF Medical Center, Wright-Patterson, Ohio, sums up the difficulty in military health care organizations transitioning to an empowered staff.

Because we're an authoritarian culture--by definition, the military is an authoritarian culture--it was very difficult for our staff to adopt an innovative approach like TQM, especially for people who have not experienced it at all.

It is the fear of losing control, authority that is most threatening. This fear of losing control is probably worse at the middle management level than any place else, which is probably true in any organization. It is difficult because those

managers are use to saying "Do it", and no questions are asked. Now TQM says the employee is important and not only has the right but a responsibility to ask, "Is this a non-value added activity that we're embarking upon? What can we do to improve it? (Kennedy et al. 1992).

Successful implementation of an organization-wide empowerment program depends on several key tenants. Employees must be presented with a clear picture of how leadership wants them to act, provide them with a vision. Supervisors must understand the vision and keep harping on the need to change, creating a sense of urgency because it motivates. Employees must be trained and educated on the techniques involved and expectations for every section must be delineated. In addition, methods for measuring compliance with the new vision must be developed (Belasco 1990).

Another barrier to Tripler's quality movement is the dissatisfaction that the staff has for the current awards and recognition program. This was the lowest rated item on the survey and the most frequent response category to the open-ended question regarding things they would most like to see improved at Tripler.

The U.S. Army has a multitude of recognition awards that can be offered to both military and civilian members. However, the leadership of the organization must be willing to use them more frequently. In addition to formal awards, institution TQM pins and the Commanding General's Coin of

Excellence are other examples of recognition that may be employed. Developing a publication such as a newsletter that recognizes individual and team accomplishments could also be employed as another media to motivate.

Psychological rewards such as recognition within the workplace and organization can have a significant impact on performance.

Falconer (1985) states, "The greatest reward to employees is in seeing their recommendations enhance the quality of patient care, improve services, and enrich their work lives." As staff members become empowered, intrinsic awards may become more prevalent.

Financial awards and monetary incentives are not the only rewards that encourage employees. In fact, one successful major U.S. company now gives books on how to improve job performance and trips to continuing education programs as rewards (McLaughlin and Kaluzny 1990).

Kiefer (1994) reports a high degree patient satisfaction occurring at Tripler. This is the result of quality and concerned patient care provided by the staff. This point only illustrates one of the many examples of excellent work that could be recognized more frequently.

Many changes have already been implemented to improve awards and recognition at Tripler. A new military and civilian awards standard operating procedure has been published. Supervisors are solicited through the electronic

mail on award eligible personnel. Pin Day has been established once each quarter to recognize contributors to the TQM process. These are steps in the right direction but continued efforts must be made.

Further improvements to the award and recognition program should be focused on increasing the number of employees that it acknowledges. The award program should also emphasis team accomplishments as TQM focuses more on system and process improvements. Employees should feel confident that their organization appreciates their efforts and is willing to recognize their performance.

Implication for Further Research

As TQM matures and change strategies are implemented at this institution, a need to assess the impact of these programs arise. Using this study as a baseline, change can be measured by a similar follow-on project.

If further research is undertaken, it would be interesting to investigate the results of several modifications to this research methodology. These include; assessing the impact of leadership styles on culture, using job satisfaction as an indicator of culture perspective, and measuring the effect of previous TQM involvement on culture. These modifications would identify additional relationships, and provide further insight to their influence on organizational culture.

Conclusions

Total Quality Management emphasizes the importance of an organization's human resources. Although top management must assume a leadership role in transitioning the corporate culture for TQM to be truly successful, the new management philosophy must be internalized by all members of the organization. This is particularly true in hospitals where the workforce is highly trained, highly educated, and highly skilled. It is imperative that all employees understand, share and support upper management's commitment to TQM and to quality improvement (Bell 1993).

This cultural assessment provides Tripler's leadership with a link between their organization's practices and the concerns and needs of their staff members. Supervisors must analyze how different policies stimulate or fail to stimulate their workers, and how motivation can be enhanced.

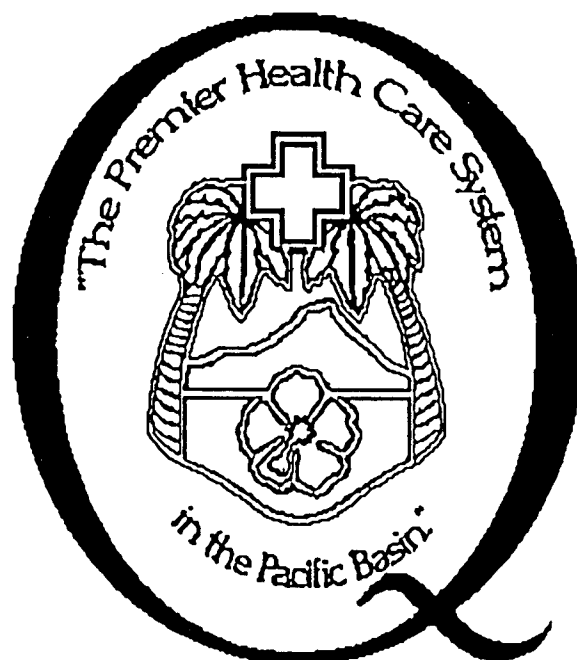
Leaders must fully realize they influence culture formation through their actions, policies and programs. Institutional members will respond to what leaders attend to, measure, control, reward, and promote. They note what leaders say, what they do, how they spend their time, and who they select for recognition. All of these actions reinforce the desired culture and should be directed at making the vision a reality. The desired culture can be created and maintained in an organization through effective

strategic planning for that culture.

A specific corporate culture can never be imposed on employees. People cannot be forced to change their values simply because someone perceives it to be in their best interest or the best interest of the organization to do so. However, it is possible to take incremental steps to change people's behavior. It is important that these changes be supported by managerial actions that reinforce the behavior desired of employees. The function of management is to guide the change. For Tripler, future success can be enhanced by determining what culture is desired, and having the leadership guide them there.

Appendix 1
Tripler Army Medical Center
Staff Cultural Assessment Survey Questionnaire

Tripler Army Medical Center



Staff Cultural Assessment Survey

1994

Instructions

The statements in this survey ask you how you feel about the work conditions in your organization; that is, your overall impression of how things are in your organization. Indicate your answer by circling the ONE number which best represents how you feel about the particular statement. Please answer all questions.

THERE ARE NO RIGHT OR WRONG ANSWERS -- THE ONLY REAL ANSWER IS YOUR HONEST OPINION.

Use the following definitions when answering the questions in the survey:

Organization - the highest level of Tripler for which you feel you have accurate information; typically one or two levels above your own.

Management - refers to those individuals that provide supervision and/or leadership to you.

Supervisor - refers to your immediate supervisor. If you work in more than one department/unit, refer to the supervisor for the area where you work the most.

Do not write your name on this survey.

Your individual response will be kept completely confidential. Your responses will be combined with responses gathered from throughout the hospital. Only summary reports will be presented to the leadership of Tripler.

When you have completed the survey, place it in the envelope provided, and return the sealed envelope through the distribution system.

Thank You for Sharing Your Opinions

TRIPLER ARMY MEDICAL CENTER CULTURAL ASSESSMENT SURVEY

DIRECTIONS: After reading each statement use the following response scale and circle the ONE number that accurately describes the degree to which the following statements reflect your personal feeling about Tripler.

1=Strongly Disagree; 2=Disagree; 3=Neither agree or disagree; 4=Agree; 5=Strongly Agree.

Structure:

- | | |
|--|---------------------------|
| 1. The jobs in this organization are clearly defined and logically structured. | 1-----2-----3-----4-----5 |
| 2. In this organization it is sometimes unclear who has the formal authority. | 1-----2-----3-----4-----5 |
| 3. The policies and organizational structure of your organization have been clearly explained. | 1-----2-----3-----4-----5 |
| 4. Red-tape is kept to a minimum in this organization. | 1-----2-----3-----4-----5 |
| 5. Excessive rules, administrative details, and red-tape make it difficult for new and original ideas to receive consideration. | 1-----2-----3-----4-----5 |
| 6. Our productivity sometimes suffers from lack of organization and planning. | 1-----2-----3-----4-----5 |
| 7. In some of the projects I've participated in, I haven't been sure exactly who my boss was. | 1-----2-----3-----4-----5 |
| 8. Our management isn't so concerned about formal organization and authority, but concentrates instead on getting the right people together to do the job. | 1-----2-----3-----4-----5 |

1=Strongly Disagree; 2=Disagree; 3=Neither agree or disagree; 4=Agree; 5=Strongly Agree.

Responsibility:

9. We don't rely too heavily on individual judgement in this organization; almost everything is double-checked. 1-----2-----3-----4-----5

10. Around here management resents your checking everything with them; if you think you've got the right approach you just go ahead. 1-----2-----3-----4-----5

11. Supervision in this organization is mainly a matter of setting guidelines for your subordinates; you let them take responsibility. 1-----2-----3-----4-----5

12. You won't get ahead in this organization unless you stick your neck out and try things on your own sometimes. 1-----2-----3-----4-----5

13. Our philosophy emphasizes that people should solve their problems by themselves. 1-----2-----3-----4-----5

14. There are lots of excuses when someone makes a mistake. 1-----2-----3-----4-----5

15. One of the problems in this organization is that individuals won't take responsibility. 1-----2-----3-----4-----5

Reward:

16. We have a promotion system that helps the best individual to rise to the top. 1-----2-----3-----4-----5

17. In this organization the rewards and encouragements you get usually outweigh the threats and criticism. 1-----2-----3-----4-----5

18. In this organization people are rewarded in proportion to the excellence of their job performance. 1-----2-----3-----4-----5

1=Strongly Disagree; 2=Disagree; 3=Neither agree or disagree; 4=Agree; 5=Strongly Agree.

19. There is not enough reward and recognition given to this organization for doing good work. 1-----2-----3-----4-----5

20. There is lots of criticism in this organization. 1-----2-----3-----4-----5

21. If you make a mistake in this organization, you will be punished. 1-----2-----3-----4-----5

Risk:

22. The philosophy of our management is that in the long run we get ahead fastest by playing it slow, safe, and sure. 1-----2-----3-----4-----5

23. Our organization has been built up by taking calculated risks at the right time. 1-----2-----3-----4-----5

24. Decision making in this organization is too cautious for maximum effectiveness. 1-----2-----3-----4-----5

25. Our management is willing to take a chance on a good idea. 1-----2-----3-----4-----5

Warmth:

26. A friendly atmosphere prevails among the people in this organization. 1-----2-----3-----4-----5

27. This organization is characterized by a relaxed, easy-going working climate. 1-----2-----3-----4-----5

28. It's very hard to get to know people in this organization. 1-----2-----3-----4-----5

29. People in this organization tend to be cool and aloof towards each other. 1-----2-----3-----4-----5

1=Strongly Disagree; 2=Disagree; 3=Neither agree or disagree; 4=Agree; 5=Strongly Agree.

30. There is warmth in the relationship between management and workers in this organization. 1-----2-----3-----4-----5

Support:

31. You don't receive much sympathy from higher management in this organization if you make a mistake. 1-----2-----3-----4-----5

32. Management makes an effort to talk with you about your career aspirations. 1-----2-----3-----4-----5

33. People in this organization don't really trust each other. 1-----2-----3-----4-----5

34. The philosophy of our management emphasizes the human factor; how people feel, etc. 1-----2-----3-----4-----5

35. When I am on a difficult assignment, I can usually count on getting assistance from my supervisor and co-workers. 1-----2-----3-----4-----5

Standards:

36. In this organization, we set very high standards for performance. 1-----2-----3-----4-----5

37. Our management believes that no job is so well done that it couldn't be done better. 1-----2-----3-----4-----5

38. Around here there is a feeling of pressure to continually improve our personal and group performance. 1-----2-----3-----4-----5

39. Management believes that if the people are happy, productivity will take care of itself. 1-----2-----3-----4-----5

1=Strongly Disagree; 2=Disagree; 3=Neither agree or disagree; 4=Agree; 5=Strongly Agree.

40. To get ahead in this organization, it's more important to get along than it is to be a high producer. 1-----2-----3-----4-----5

41. In this organization, people don't seem to take pride in their performance. 1-----2-----3-----4-----5

Conflict:

42. The best way to make a good impression around here is to avoid arguments and disagreements. 1-----2-----3-----4-----5

43. The attitude of our management is that conflict between competing departments and individuals can be healthy. 1-----2-----3-----4-----5

44. We are encouraged to speak our minds, even if it means disagreeing with our superiors. 1-----2-----3-----4-----5

45. In management meetings, the goal is to arrive at a decision as smoothly and quickly as possible. 1-----2-----3-----4-----5

Identify:

46. People are proud of belonging to this organization. 1-----2-----3-----4-----5

47. I feel that I am a member of a well functioning team. 1-----2-----3-----4-----5

48. As far as I can see, there is not much personal loyalty to the organization. 1-----2-----3-----4-----5

49. In this organization people primarily look out for their own interests. 1-----2-----3-----4-----5

Total Quality Management (TQM):

- | | |
|--|---------------------------|
| 50. The overall leadership of Tripler is actively involved in promoting TQM throughout your facility. | 1-----2-----3-----4-----5 |
| 51. The actions and behaviors of senior management suggest a genuinely strong commitment to TQM. | 1-----2-----3-----4-----5 |
| 52. The actions and behaviors of your immediate supervisor suggest a genuinely strong commitment to TQM. | 1-----2-----3-----4-----5 |
| 53. TQM is important to you. | 1-----2-----3-----4-----5 |
| 54. You understand your role in contributing to the TQM goals of your organization. | 1-----2-----3-----4-----5 |
| 55. You understand how TQM is being implemented at Tripler. | 1-----2-----3-----4-----5 |
| 56. You do not know what TQM is about. | 1-----2-----3-----4-----5 |

The following questions are optional, but we would appreciate any additional information you would like to provide. We are interested in what you think.

The following questions are optional, but we would appreciate any additional information you would like to provide. We are interested in what you think.

- a. What two things do you like the most about your organization?
- b. What two things would you like to see improved in your organization?
- c. Any additional comments you would like to make?

58. Please indicate your present position classification by checking the most appropriate box:

- ☐ **Physician:** Staff or house staff
- ☐ **Nurse:** (RN, Clinical Specialist, Nurse Practitioner, Nurse Educator, etc.)
- ☐ **Allied Health Professional:** (Pharmacist, Dietitian, PT, OT, Social Worker, Medical Technologist, Optometrist, etc.)
- ☐ **Technical:** (EEG Tech, Pharmacy Tech, PT/OT Assistant, LPN, OB/OR Tech, Respiratory / Pulmonary Tech, Radiology Tech, Nursing Assistant, Phlebotomist, etc.)
- ☐ **Office Support/Clerical:** (Medical Records, Secretary, Admitting, Computer Operator, Communications, Finance & Accounting, Personnel, Receptionist, Transcriptionist, etc.)
- ☐ **Service:** (Food Service, Environmental Services, Supply / Warehouse Worker, Craftman, etc.)
- ☐ **Other** _____

59. Rank or Pay Grade:

- ☐ PVT - SPC
- ☐ SGT - SSG
- ☐ SFC - CSM
- ☐ WO - CWO
- ☐ 2LT - CPT
- ☐ MAJ - LTC
- ☐ COL and above
- ☐ WG 01 - 02
- ☐ WG 03 - 07
- ☐ GS 1 - 5
- ☐ GS 6 - 9
- ☐ GS/M 10 & above

62. Age: _____

63. Length of time at

Tripler:

- ☐ 0 - 11 months
- ☐ 1 - 3 yrs
- ☐ 4 - 9 yrs
- ☐ 10 - 20 yrs
- ☐ more than 20 yrs

60. Is your position designated as a supervisor, manager, or executive? Yes or No (circle one)

61. Gender: M or F (circle one)

63. Total federal and/or military service:

- ☐ 0 -11 months
- ☐ 1 - 3 yrs
- ☐ 4 - 9 yrs
- ☐ 10 - 20 yrs
- ☐ more than 20yrs

When you have completed the survey, place it in the small, pre-addressed envelope provided, and return it through the distribution system.

Thank You for Sharing Your Opinions



Appendix 2
Commanding General's Staff Cultural Assessment Survey
Announcement Memorandum



REPLY TO
ATTN OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, TRIPLER ARMY MEDICAL CENTER
TRIPLER AMC, HAWAII 96859-5000



February 14, 1994

Commanding General

Dear Tripler Staff Member:

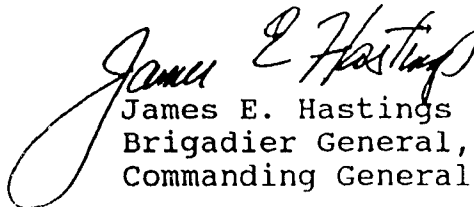
At Tripler, we have adopted Total Quality Management as our leadership philosophy. As we begin this quality journey, it is important to understand how members of our organization feel and what their beliefs are about their working environment. To gain this insightful information, one of our administrative residents is surveying a sample of our staff.

You have been selected to participate in Tripler's staff cultural assessment survey. Since we are only sending surveys to a portion of our staff, I am counting on your support. Your willingness to complete the survey and provide your honest opinion is critical in determining the positive aspects of our organization and what improvements are necessary.

Your responses will be kept in strict confidence. Only summary reports will be presented to the leadership of Tripler.

If you have questions regarding this survey, please contact Major Frank C. Floro, Administrative Resident, at 433-3492.

Sincerely,



James E. Hastings
Brigadier General, Medical Corps
Commanding General

Appendix 3
Researcher's Follow-Up Staff Cultural Assessment Survey
Memorandum



REPLY TO
ATTN OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, TRIPLER ARMY MEDICAL CENTER
TRIPLER AMC, HAWAII 96859-5000
16 March 1994



Administrative Resident

Dear Tripler Staff Member,

A few weeks ago you should have received a letter from BG James E. Hastings and a Tripler Army Medical Center Staff Cultural Assessment Survey booklet.

If you have already returned the survey, please accept our thanks. If you have not had an opportunity to complete the survey, please do so today and return it by March 30th. Your participation in this survey and honest opinion of your work environment is extremely important to us.

If you did not receive the staff cultural assessment survey or have misplaced it, please call me at 433-3492 or contact me through CHCS and I will be happy to send you another one immediately.

Again, thank you for your time and effort in helping us improve our medical center.

Sincerely,

Frank C. Floro
Major, MS
Administrative Resident

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